			Subalkule	for Form PTO-0	75 FH~	N KECO	RD	App	callon or h	chai Humber
	AP	PERCATION			CHEC	live Decem	Det 8, 2004		7/0	The Market
	. • •	PLICATION	AS FILED	-PARTI						
	The state of the s	(Car	umn 1)	(Column	<b>2</b> }	SMA	LL ENTITY		0.	THER THAN
9400	FOR	NUMBE	RFLED			-	CC ENTITY	OR	SM	ALL ENTITY
BASIC (37 CFG	FEE			NUMBEREX	TRA	RATE		7		25 6141114
PEARC	CH FEF	<u> </u>	VA	N/A		NA	- 11/		RATE	\$) 555
(37 CFR	1 16(4), (d, or (m))	. N	/A				150.00	1	HIA	
EXAMI	NATION FEE			N/A	- 1	, NA	\$250	7	<b> </b>	300,0
TOTAL	1 16(0). (0). or (0)) CLAIMS	N N	Ά	'N/A			1 1 200.	<b>」</b>	NIA	\$500
DIOR	1 16(a)					NVA	\$100		NIA	
INDEPE	INDEPENDENT CLAULE		minus 20 c	• ~	1	X\$ 25	1	4 1		\$200
(3) OFR	1 16(h))		minus 3 .					OR	X\$50	
400.		If the specif	Cation and			X100 .		1 t	Your :	
FEE	LTION SIZE	sheets of pa	per the ann	rawings exceed	100			1 L	X200	• [
(37 CFR )	16(4))	ls \$250 (\$12	5 for small e	ntity) for each	ive					
		additional 50	sheets or to	nully) for each action thereof.	. 11		1 1		•	1
MINTON					).		1 1			1
mor liber	DEPENDENT C	LAIM PRESENT	T (37 OFR 1 16	(d)		.100				1
· H she date	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(1))  If the difference in column 1 is less than zero, enter "O" in column 2.					+180=			+360+	<del></del>
	a since ill contimi						1.			
1	APPLICATI	ION AS ALIO		•		TOTAL			TOTAL	7
6	~0	ON AS AME	:NDED - P	ARTII		,			JAIO	
را ال	JE (3) CON	(ma 1)	•				•		•	
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<	REM	AINING	HIGHE NUMB		7 _	OWNIL E	ATILY		SMALL	THAN
5	AF	TER DMENT	PREVIO	ER PRESEN	T     F	RATE (S)	ADDI-			-14111
O Independent	ומור	Minu	PAID F	OR ·		·	TIONAL	1 *	MTE (\$)	ADOI-
O Indepen	Yho!	1			I ly	75	FEE (S)	-		FEE (3)
Z DI CFR	1.1anii	2 Minu	5 (		7 1	25	. 1	OR XS	50	
Applica Applica	tion Size Fee (37	CFR 1 16(-))	1 7		1 X	100				
		O. (( 1.10(S))						R X2	W =	
0.75	RESENTATION OF	MULTIFLE DEPEN	DENT CLNM	37 CFR 1 140)	1					
4-C	D-1 76	KA	10/10	- S. (C. (100))		=08		+3	50 <del>=</del>	
	- 3 -			٠ 'جي	TOT	AL		. —		
	Column	n 1)	<b>60</b> .		AUU	LFEE	OF	ATOTA OCA	L FEE	
m	CLAH	45	(Column HIGHEST	2) (Cotumn 3)		•			ļ.,	
<u> </u>	REMAIN AFTE	ING ·	NUMBER	PRESENT						_
Z	AMENDA	ENT	PREVIOUS	Y EXTRA	RAT	E (5)	-100v	RAT	E (2)	
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Independen	<del></del>		•	1.	XC	25 .	· <u>- 73).</u>	<b> </b>		FEE (1)
OTOTA 1.10	nu.	Minus	+				OR	X\$50		
Application	n Size Fee (37 CF	R 1.16(a))			X10	0				
	SENTATION					<del></del>	OR OR	X200	•	1
	SENTATION OF MU	LTIPLE DEPENDE	YT CLAM (DZ.	OFR 1.16(0)			<del> </del>	<u> </u>		
•					+180	)= .	OR	+360	<u> </u>	
•					TOTAL					
The entry	ADD'LEE OR TOTAL									
" If the Highe	rai Number, Previo	wely Paid For It	i THIS SPACE	ite 10" in column 3.		<u> </u>		ADO'L FI	:E	
The Highest	Number Previous	usiy Paid For IN sty Paid For A	THIS SPACE	wes than 20, 64	ler 20".					
Oto emanded	formation is regul	red by 37 CED	al or Independ	te less than 3, enter lent) is the highest instion is regulard	· · · . Tumber fam	nd in the		•		· 1
- m blocess)	en application. Co	Midentiation	1.10. The Infor	metion is required	to obtain	та ит ине врро	opriate box in ox	lumn 1		

collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the sting pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, the demand of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent ones of the Chief Information Officer, U.S. Peten